MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

10/532333

	SERIAL NO.		FILING DATE
	APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1ᵗ AMENDMENT		AFTER 2ᵈ AMENDMENT			AS FILED		AFTER 1ᵗ AMENDMENT		AFTER 2ᵈ AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
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42							92						
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44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		⇩		⇩		⇩	TOTAL IND.		⇩		⇩		⇩
TOTAL DEP.		⇦	8	⇦		⇦	TOTAL DEP.		⇦		⇦		⇦
TOTAL CLAIMS			9				TOTAL CLAIMS						

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